



## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT NEEDS ASSESSMENT REPORT

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### KEY ABBREVIATIONS

IFRC – International Federation of the Red Cross and Red Crescent

LRC – the Lithuanian Red Cross

*This information has been produced with the help of the European Union. Its contents are the responsibility of the Lithuanian Red Cross Society and do not necessarily reflect the position of the European Union.*

## INTRODUCTION

The Lithuanian Red Cross is a national society that has been active in Lithuania since 1919. Next year it will mark its 105<sup>th</sup> anniversary. The organisation implements seven programmes: **First Aid** Programme, **Warm Visits** Programme to take care of the lonely elderly, **Strong Family** Programme to support families affected by disability, **Youth** Programme, where volunteers teach lessons about the Red Cross Movement in schools, volunteering, first aid skills, disaster preparedness, the **Asylum and Migration** Programme, which includes monitoring, restoring family links, legal assistance, integration and advocacy, and the **Disaster Management** Programme. The National Society is comprised of 15 regional offices. The organisation has 178 members of staff and a database of 13,600 registered volunteers.

With the outbreak of the armed conflict in Ukraine and the arrival of people from Ukraine to Lithuania, the Lithuanian Red Cross has been active in several directions:

1. Established the Operations Centre and coordinated the response of 5 organisations – the Food Bank, Save the Children, Order of Malta, the Lithuanian Caritas organisation – to the humanitarian needs of the people, and represented them in state and municipal authorities;
2. In 6 out of the 7 municipalities, the registration centres were opened where LRC registered people, provided information and humanitarian aid (hygiene packages or other items), helped the Migration Department to register people for temporary residence permits, helped the Strong Together initiative to find accommodation, and provided psychological first aid;
3. In its 15 regional offices, it opened Humanitarian Service Points where people could get the help they needed in the form of goods or financial assistance, information, and psychological first aid;
4. A humanitarian hotline was opened to provide information to people on available humanitarian aid or directions as to where to seek other assistance.

Following a decrease in arrivals, integration activities were launched. After a needs assessment, volunteer-led Lithuanian language clubs, information sessions on relevant topics, community events and activities (clubs for specific target groups (e.g. teenagers, elderly, etc.), enjoyable activities (e.g. handicrafts, yoga sessions, excursions) were organised for people arriving from Ukraine.

For the most vulnerable people (elderly, people with disabilities, families affected by disabilities), case management and periodic financial support are provided.

Psychological counselling is available for people from Ukraine at the Kaunas and Klaipėda Information Centres.

Financial support is regularly provided to elderly and people with disabilities. Local community has been given opportunities to support a disabled families from Ukraine through the *contribee* platform. Currently, 66 families from Ukraine are supported through this platform. For more information click here: [Support Vienybė težydi at Contribee!](#)

Efforts are being made to integrate people from Ukraine into the existing volunteer-based Warm Visits and Strong Family programmes.

Currently, 31 staff members and an average of 300 volunteers per month are helping people from Ukraine.

Table 1: LRC team involved in helping people from Ukraine.



### OBJECTIVES OF THE NEEDS ASSESSMENT SURVEY

The purpose of the present needs assessment survey is to gather information on:

- the difficulties faced by people arriving from Ukraine as a result of the ongoing international armed conflict;
- stress coping mechanisms they use;
- access to mental health and psychosocial assistance;
- the difficulties faced by staff and volunteers;
- their stress coping mechanisms;
- LRC resources and Mental Health Programme activities.

### METHODOLOGY

The needs assessment survey was conducted between April and May 2023. 6 visits were organised: to the Vilnius, Kaunas, Klaipėda, Alytus, Vilkaviškis branches, to the Vilnius branch Humanitarian Service Point, and to the Alytus registration centre. 11 structured interviews and 13 focus groups were organised. 47 people from Ukraine, 34 volunteers providing assistance to people from Ukraine, 20 workers providing or organising assistance to people from Ukraine, 3 psychologists providing psychological counselling participated in the survey. All participants signed consent forms. The questionnaires used for the survey were developed by the IFRC Psychosocial Support Centre for the needs assessment survey, they were published in Lithuanian after undergoing contextual adaptation.

Table 2: Participants in the survey

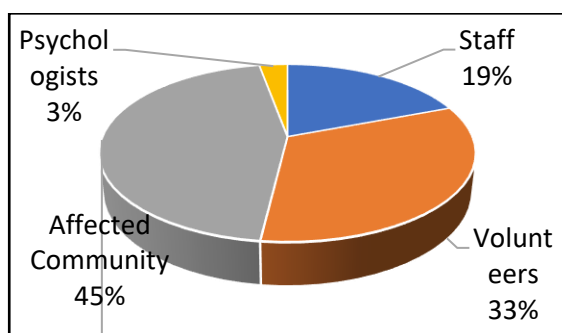
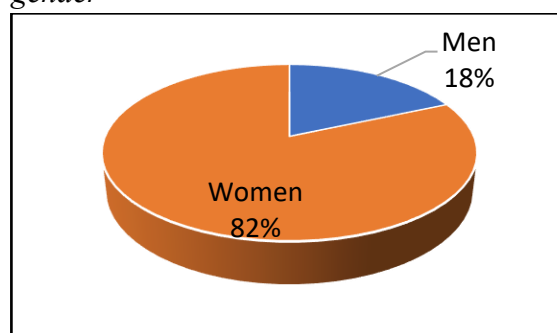


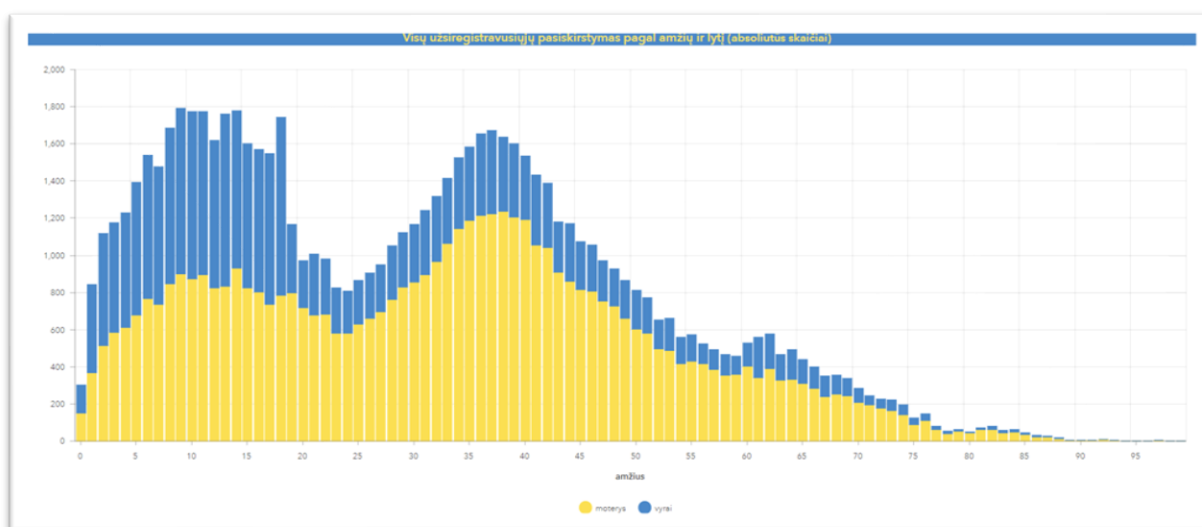
Table 3: Distribution of participants by gender



## CONTEXT: OVERVIEW OF AVAILABLE SOURCES

According to the data of Statistics Department of Lithuania, as of 24 February 2022, 77,360 people have been registered in Lithuania as arrivals from Ukraine, of whom 25,971 are children (6,060 children under the age of 6, 19,911 children aged 6 to 17), and 4,001 in the 65 plus age group. The gender breakdown is presented in Chart 4.

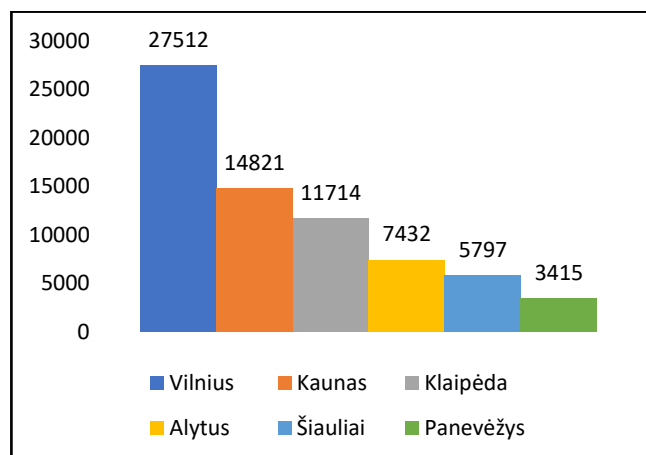
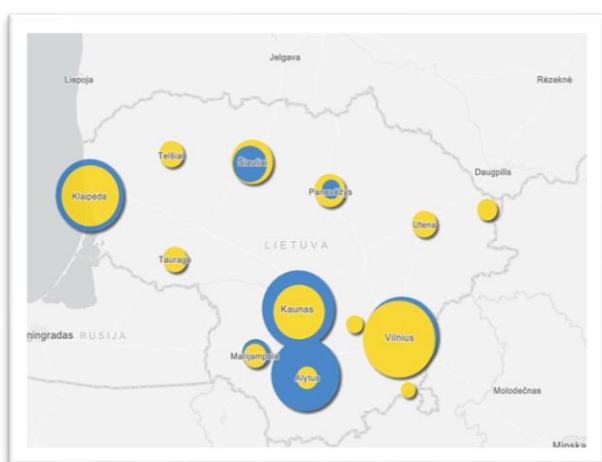
*Chart 4: Breakdown by age and gender of people arriving from Ukraine and registering in Lithuania. Source: Statistics Department of Lithuania. Yellow colour – women, blue – men.*



Most of the arrivals were registered in the main cities, but this does not mean that people stayed in the city of registration.

*Table 5: Breakdown of arrivals from Ukraine in Lithuania by place of registration. Source: Statistics Department of Lithuania.*

*Chart 6: Number of people arriving from Ukraine in major cities by place of registration. Source: Statistics Department of Lithuania.*



According to the data of the Migration Department, presented during the inter-institutional cooperation meeting, as of June 2023 47,000 people from Ukraine have been issued temporary

residence permits based on temporary protection, and almost 2,700 people have received temporary residence permits in Lithuania for humanitarian reasons. There is also a trend that people are applying to immigration offices for temporary residence permits on other grounds, such as employment.

Since the outbreak of the armed conflict, the LRC has been providing assistance to people arriving in Lithuania from Ukraine in 15 offices across Lithuania. People are provided with humanitarian aid (hygiene kits, food products, clothing, footwear, necessary household items), financial assistance (various types of supermarket cards, cash allowances donated by people, payment transfers to accounts), information at humanitarian points and offices and by telephone on the Humanitarian Line. The table below shows the nature of the assistance provided by the LRC offices (2023 data). In addition to this assistance, people arriving from Ukraine in particularly vulnerable situations are also provided with case management and are involved in community activities: Lithuanian language clubs, information events, and community events.

Table 7: Type of assistance provided in the LRC branches. Source: LRC.

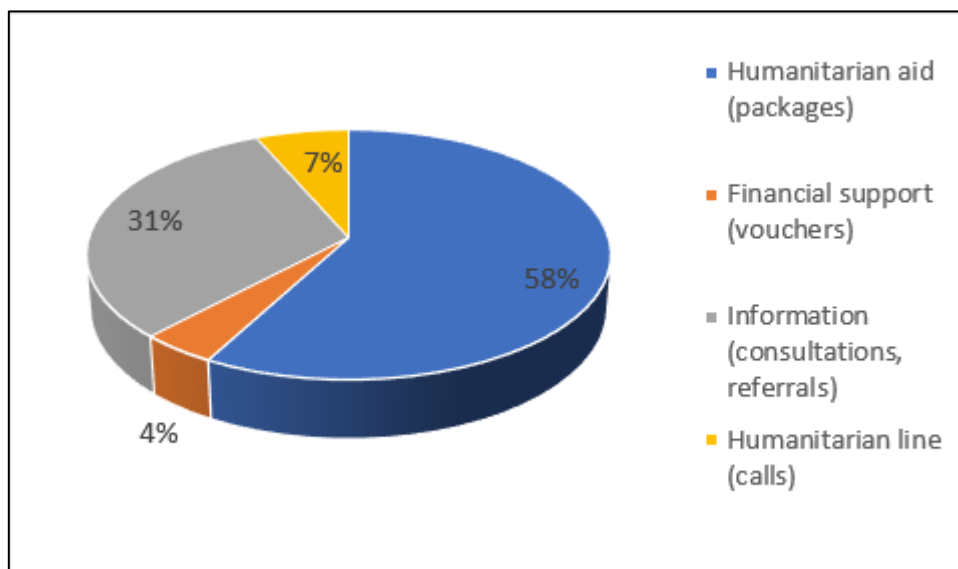


Chart 8: Number of arrivals from Ukraine in January-May 2023 by TOP 6 regional offices. Source: LRC.

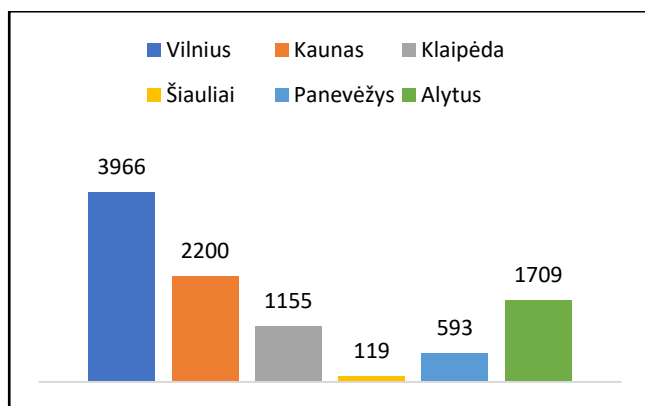


Chart 9: Number of arrivals from Ukraine and receiving LRC assistance by month in 2023. Source: LRC.

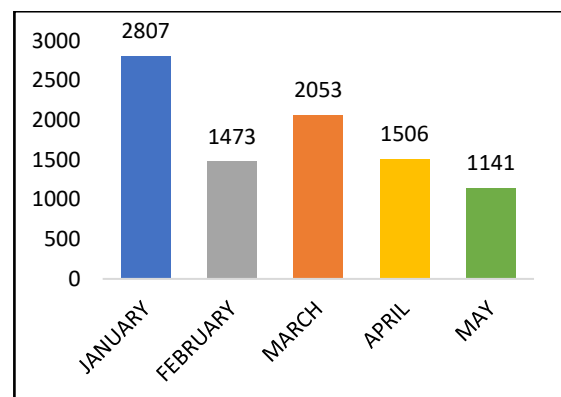
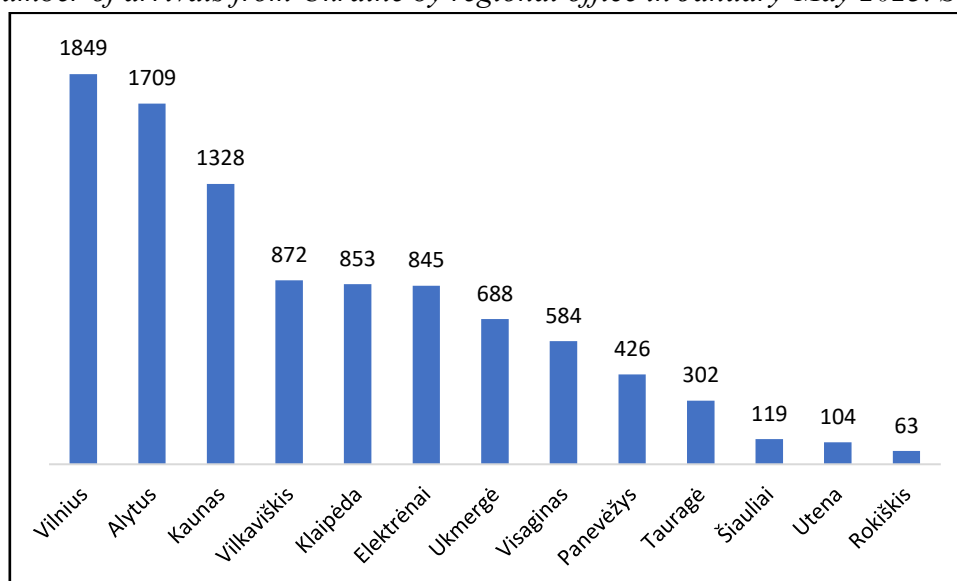


Chart 10: Number of arrivals from Ukraine by regional office in January-May 2023. Source: LRC.



In September–November 2022, IOM Lithuania carried out a needs and intentions assessment of Ukrainians<sup>1</sup> involving 604 participants (84% women, 16% men). The main needs identified by the survey participants were: financial support (44%), health services (42%), hygiene products, medicines, and language courses (34%). 34% faced linguistic barriers and difficulties in finding long-term accommodation, 32% mentioned financial difficulties as the basic need upon arrival in Lithuania.

In January 2023, the LRC carried out a needs assessment of Ukrainian refugees living in Lithuania<sup>2</sup>, the results of which were presented in February. The survey was organised online and involved 3,862 participants (92% women, 8% men). Its aim was to find out the types of difficulties faced by people arriving from Ukraine in areas such as health care, including psychological services, education, information, language courses, work and income – and the reasons for these difficulties. Psychological support was identified as a need by 20% of the survey participants.

Regarding psychological services, a needs assessment survey carried out by the LRC at the beginning of the year demonstrated that:

- ✓ The need for a psychologist was recognised by 20% of the participants;
- ✓ Of those in need of psychological services, almost a third used free state services, almost another third used paid private services, and the remainder third reported that they did not apply anywhere, could not get access to free services or did not know where to apply for such services, used remote services in Ukraine or called helplines;
- ✓ Needs were reported as partially met by 38% of the participants, while 19% reported unmet needs. The main reasons for unmet needs were: lack of continuity of services (39%), linguistic barrier (20%), lack of quality services (15%);
- ✓ People living in larger cities better rated the services received.

<sup>1</sup> The IOM survey report can be found here: [IOM DTM LTU Intentions Survey Ukraine 1 Sep- 11 Nov 2022.pdf](#).

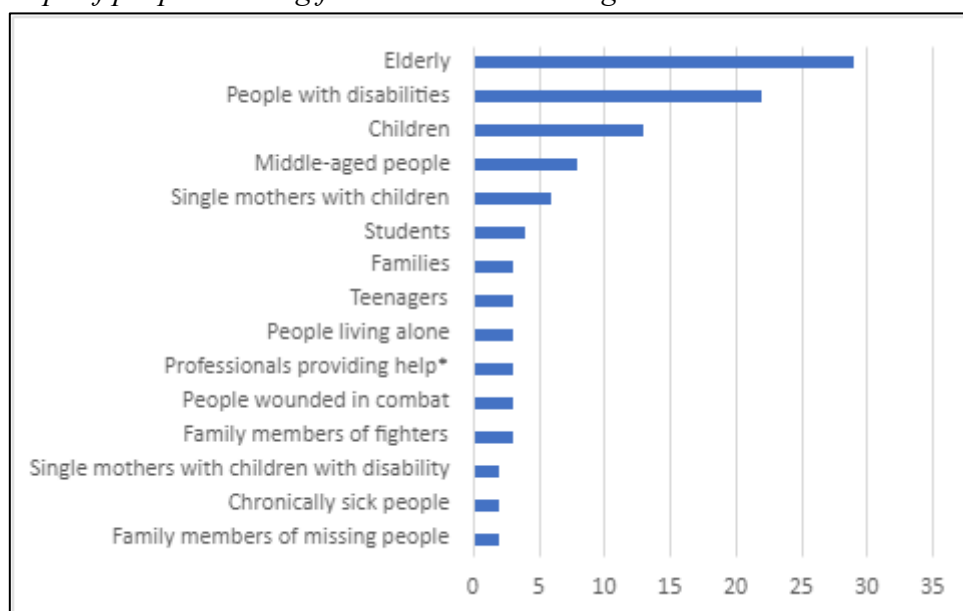
<sup>2</sup> The LRC survey report can be found here: [LIETUVOJE-GYVENANCIU-PABEGELIU-IS-UKRAINOS-POREIKIU-VERTINIMAS-APKLAUSOS-REZULTATAI-LT-2023 \(2\).pdf](#).

## RESULTS

### DIFFICULTIES FACED BY PEOPLE COMING FROM UKRAINE

The LRC branches provide assistance to different groups of people arriving from Ukraine. The most frequently mentioned groups were elderly, people with disabilities, children, middle-aged people and single mothers with children. The most vulnerable groups identified by the participants were: 1) elderly, 2) people with disabilities (including children, seniors with disabilities), 3) single mothers with children, 4) children, and 5) single mothers with children with disabilities. Psychologists providing psychological counselling have identified the following additional groups of people seeking psychological help: people wounded in combat, family members of the missing people and professionals providing help. In addition to the 5 most vulnerable groups, people affected by the crisis themselves identified other groups such as: those who have abandoned their relatives, children who have been deported to Russia, people aged 30-45, people 55 years and older due to the lack of demand on the labour market.

*Chart 11. Groups of people arriving from Ukraine receiving assistance in the LRC branches*



\* Psychologists also provide support to professionals who are helping others.

*Table 12. Groups of people arriving from Ukraine seeking psychological counselling.*

|                                  |
|----------------------------------|
| People with disabilities         |
| Middle-aged people               |
| Specialists providing help       |
| Elderly                          |
| People wounded in combat         |
| Family members of missing people |
| Children                         |

*Table 13. The 5 most vulnerable groups identified by survey participants*

|  |
|--|
| Seniors  |
| People with disabilities                       |
| Single mothers with children                   |
| Children                                       |
| Single mothers with children with disabilities |

In summary, regarding the difficulties faced by people arriving from Ukraine in Lithuania, the top 5 areas identified by the participants were: health challenges (people with chronic diseases, people with disabilities, women who have given birth, the unemployed not covered by health insurance were mostly affected), employment challenges (single mothers with children, people close to retirement age, people living in regions with limited job opportunities mostly affected), accommodation challenges (reluctance to rent for people with children and pets, living in limited spaces in extensive households), financial challenges (seniors and unemployed people mostly affected) and food insecurity (seniors and unemployed people mostly affected). People who were affected by the crisis themselves most frequently identified health challenges, employment challenges, accommodation challenges, food insecurity and restrictions on movement (non-recognition of a digital temporary residence permit issued in Lithuania in other EU member states).

It should also be noted that financial hardships can cause difficulties elsewhere too: absence of health insurance coverage for the unemployed means that they will have to pay for the services in the event of health problems or illnesses; the difficulty of finding a job for single mothers with children (including children with disabilities) and for people closer to the retirement age means that there will not be enough resources available to meet their basic needs; and the increased rents and utilities is having a knock-on effect on the financial situation and opportunities of vulnerable groups.

Among the psychosocial challenges, the most frequently mentioned challenges can be summarised as the lack of security and the difficulties faced by children at school. Isolated cases of domestic violence were mentioned, but the question was also raised whether people know that they can seek help in the LRC to address the violence they are experiencing.

When comparing post-war and current-day experiences, the participants used various terms to describe their behavioural and emotional transformations. The respondents mentioned that immediately upon arrival people felt scared, were in shock, did not have enough information, a lot of uncertainty prevailed. Now there is more calm and clarity, more independence. Upon arrival in Lithuania, there was a need for a sense of security, later it was followed by a stage of resistance – everything in Lithuania seemed to be bad, full of disappointment, and shattered expectations. In the beginning there was a greater sense of temporariness, no planning for the future; now people are starting to plan their life in Lithuania, although they are aware of the limitations (lack of financial resources, lack of opportunities to practice your profession, high costs of living) which are stressful.

It should be noted that the participants in the survey reported a stigma of seeking psychological help, avoidance of acknowledging the need for psychological help; some reported cases of people getting offended by suggested need to seek psychological help. On the other hand, there is no reluctance to seek psychological help for children: it is hard to be on good terms with children at home, parents are at a loss of what to do, children are afraid of being left alone at home, they experience difficulties at school due to linguistic barriers, bullying, tensions with Russian-speaking children from other communities. Even greater difficulties have been reported by children with disabilities and with autistic spectrum disorder.



*Table 14. Difficulties faced by people arriving from Ukraine in Lithuania broken down by the most frequently mentioned areas.*

Table 15. Psychosocial difficulties faced by people coming from Ukraine.

|  |  |
|--|--|
| Lack of sense of security                                  | <ul style="list-style-type: none"><li>• Bomb-like sounds frightening</li><li>• Anxiety, uncertainty about the future, residence permits, work, place of residence</li><li>• Fear of sharing personal data</li><li>• Anxiety for the safety of relatives back in Ukraine</li></ul>              |
| Difficulties at school                                     | <ul style="list-style-type: none"><li>• Bullying, violence, tension with Russian-speaking children in Lithuania</li><li>• Linguistic barriers (one Russian-speaker in a classroom, education in a Russian school)</li><li>• Not fitting in</li><li>• Lack of after-school activities</li></ul> |
| Domestic violence  | <ul style="list-style-type: none"><li>• Isolated cases</li><li>• Elevated aggressiveness, anger</li><li>• More frequent conflicts, tensions</li></ul>  |
| Loneliness   | <ul style="list-style-type: none"><li>• Lack of attention and communication for elderlies</li><li>• Isolation within the community</li></ul>   |
| Secondary trauma when sharing or searching for information | <ul style="list-style-type: none"><li>• Staying glued to the telephone screen, always keeping track of the latest developments</li></ul>   |
| Shame and guilt for leaving Ukraine                        |  |
| Defensive response   | <ul style="list-style-type: none"><li>• Denial of the need for specialist help</li><li>• Stigma of seeking psychological help</li></ul>  |
| Post-traumatic stress disorder                             | <ul style="list-style-type: none"><li>• Living with a loved one with PTSD</li><li>• Symptoms of PTSD</li></ul>   |
| Addictions   | <ul style="list-style-type: none"><li>• Increased alcohol consumption</li><li>• Use of drugs</li></ul>   |

|                              |  |
|------------------------------|--|
| Experiencing loss            | <ul style="list-style-type: none"><li>•Mourning for loved ones</li><li>•Mourning losses</li><li>•Grief</li></ul>                           |
| Depression                   | <ul style="list-style-type: none"><li>•Apathy</li><li>•Lack of strength</li><li>•Indifference</li></ul>                                    |
| Suicidal thoughts            |  |
| Sleep disorders              |  |
| Hypersensitivity             | <ul style="list-style-type: none"><li>•Crying</li><li>•Reacting to fireworks, unexpected sounds, an aeroplane, shooting practice</li></ul> |
| Loss of the sense of control | <ul style="list-style-type: none"><li>•Not knowing what to do</li></ul>  |
| Psychosomatic signs          | <ul style="list-style-type: none"><li>•Increased blood pressure</li><li>•Headaches</li><li>•Hand tremors</li></ul>                         |
| Panic attacks                |  |
| Homesickness                 |  |

## AVAILABLE RESOURCES AND COPING STRATEGIES

In summary, from the available resources and stress coping strategies, the community was mentioned as the most important resource because of ability to communicate, mutual support, sharing experiences within the community, spending time together, sharing information, things, and childcare. Also mentioned as a coping strategy were various activities such as sports, meditation, walking, handicrafts, housework, agricultural work, volunteering, massage, etc. Psychological help was also frequently mentioned by the participants in the survey, including psychological counselling, sessions on psychological topics and pedagogical psychological support. It was mentioned that there is a stigma attached to seeking psychological help, especially among adults – there have been cases where people have been offended by referrals for psychological counselling, and staff have also reported that after referring people for psychological counselling, later they received no feedback as to whether the people have indeed sought and received psychological help. It was also pointed out that it is easier to ask for psychological help for children. It was noted that the organisation of assistance should be based on the possibility of direct, not remote, contact, taking into account the fact that people often live in small spaces and therefore do not have the possibility or the means for a private conversation with a psychologist. Access to free psychological counselling is becoming relevant given the financial constraints. Another resource available to people coming from Ukraine is contacts with LRC staff (case managers, community coordinators, and social workers). Participation in various events (excursions, trainings, community events, celebrations) was also mentioned.

*Table 16. Available resources and stress coping strategies of people from Ukraine.*



In response to the question of what gives hope to people coming from Ukraine when thinking about the future, the participants of the survey most often mentioned their children, the belief that the war will end quickly and with victory and that they will be able to return home, the availability of help from people around them and the knowledge that someone cares for them in Lithuania, the job they like, material stability, learning the language, and assistance of other countries to Ukraine.

## CULTURAL AND CONTEXTUAL ASPECTS

The armed conflict in Ukraine is a crucial aspect of the context, which determines the psychosocial needs of people coming from Ukraine: people coming from areas of armed conflict, such as Mariupol, are particularly vulnerable, and there are differences between people coming from occupied and non-

occupied territories. The ongoing armed conflict limits people's ability to return and to bury their loved ones, which makes it more difficult to grieve the loss of relatives or acquaintances. The armed conflict has also separated families, with the majority of arrivals from Ukraine being women with children, and men staying behind to fight. Challenges also mentioned by the participants in the survey who were affected by the crisis were: how to survive the war and maintain love, how to build a bridge between the world left behind (war) and this world (peace). All these experiences and challenges are shaped by the context of the ongoing armed conflict in Ukraine.

One of the noticeable cultural aspects that has a major impact on the possibilities to cope by people in the face of crisis is togetherness. One of the most frequently mentioned resources is the community: communication, mutual support, sharing experiences within the community, spending time together, sharing information, things, and childcare.

One of the most frequently mentioned areas of difficulty is challenges in healthcare. Among the most vulnerable groups, the following groups are also mentioned as having high healthcare needs: elderly, people with disabilities, single mothers with children with disabilities. It is in the area of healthcare that some differences emerge: first of all, there is a difference in the level of recognised disability in Lithuania and Ukraine, and the participants of the survey also mentioned the different attitudes towards disability among people themselves – people with disabilities coming from Ukraine perceive their own capacities as lower. Regarding children's health problems, it was mentioned that there are mothers in denial of their children's disabilities, and mothers of children with autistic spectrum disorder also have a different understanding of their children's education, emphasising special needs of children and their education in special-needs schools, whereas in Lithuania the aim is to apply inclusive education.

As regards domestic violence, the survey participants mentioned isolated cases. Differences in childcare were also mentioned, such as leaving young children alone at home.

Although few members of the LGBTQI+ community were mentioned as experiencing difficulties, it was highlighted that members of this community face exclusion and rejection within their community.

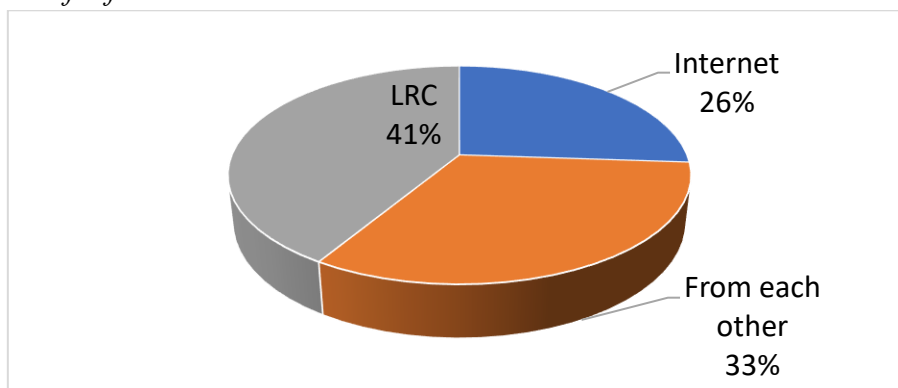
#### AVAILABILITY OF ASSISTANCE

The data do not allow drawing an obvious conclusion about the (in)availability of help: some of the participants indicated that they did not encounter any barriers, some other participants indicated that people in need were referred to psychological counselling, but in most cases it was not asked whether, after being referred to psychological counselling, the people referred did in fact see a psychologist and whether they received a counselling session, and some of the participants identified the barriers to accessing psychological help.

The main barriers to accessing the necessary mental health and psychosocial support identified were as follows: lack of professionals (including waiting lists, linguistic barriers, unmet need for child psychologists, lack of finance for seeking private psychological counselling, lack of follow-up services), lack of information about available services, and stigma attached to using psychological services.

The survey also asked how people coming from Ukraine get information about available services. The breakdown of responses is illustrated in Table 17.

Table 17. Sources of information on available services.



### CHALLENGES FACING THE LRC TEAM

In order to assess the challenges faced by the LRC team (staff and volunteers), the survey asked participants (staff and volunteers) the following questions: what is the most stressful aspect of the job and the work with which group is most stressful. The difficulties identified by the participants differ between staff and volunteers. The tables below show the 3 main groups of difficulties with examples of the difficulties identified. The Lithuanian Red Cross employs people from different backgrounds and nationalities. The survey found that the linguistic barrier in the organisation poses additional challenges for the community engagement coordinators, and the interviews highlighted the potential emotional challenges and tensions for Russian colleagues.

Table 18. Difficulties faced by staff.

Table 19. Difficulties faced by volunteers.

#### Workload

- High information flow
- High number of meetings
- No time for creativity, you do as instructed to do
- Paperwork

#### Range of tasks

- Multitasking
- Tasks from different sources
- Delegation of non-duty-related tasks

#### Limited staff onboarding process

Table 20. Challenges related to team inclusion

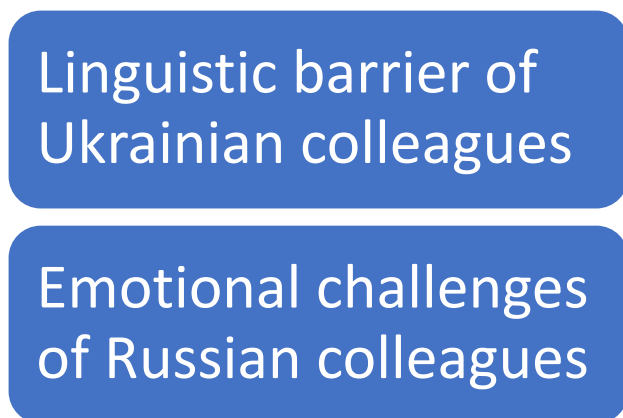
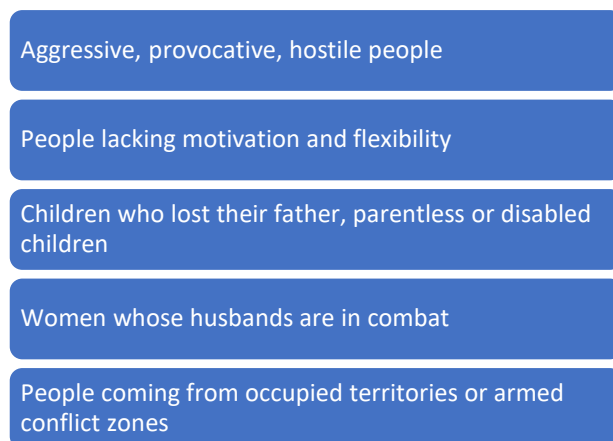


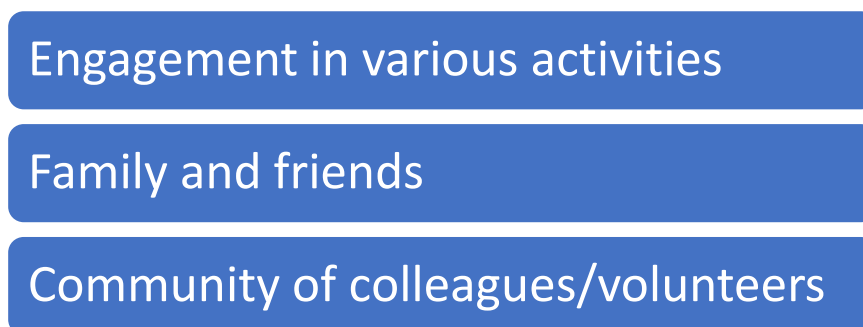
Table 21. Groups that are difficult to help



#### AVAILABLE RESOURCES AND COPING STRATEGIES

When summarising the LRC team’s coping strategies, the most frequently mentioned were engagement in various activities ranging from household chores, agricultural work and hobbies. Talking to family members, relatives and friends helps staff and volunteers to cope with stress at work. Often the resource mentioned is the LRC team itself: the staff team, the manager or the volunteer community.

Table 22. Resources and coping strategies available to the LRC team.



Responses to the question where I would go for help myself and where I would refer a colleague differed: for myself, I tend to turn more often to relatives or colleagues, less often to a psychologist, but I would refer a colleague to a psychologist, a helpline or a supervision first. It can be assumed that the lack of courage, the lack of experience, the lack of a trusting relationship may be the reason for avoiding seeking help from a psychologist, but the fact that they would refer a colleague to a psychologist first indicates that the organisation is aware of the availability of psychologist’s help. Supervisions in the organisation were used by a small fraction of participants, some of the participants perceived supervision as contact with the volunteers’ coordinator or a programme representative.

In terms of the areas where the LRC team should strengthen its skills or acquire new ones, the

following would be mentioned in summary: psychological first aid or updating of knowledge, drawing up boundaries, self-care, working with aggressive people (how to deal with an angry, loud, aggressive person, how to respond, what to do, what not to do), dealing with vulnerable groups (there is a lack of knowledge on war refugees), how to recognise who needs help and what help is needed.

Chart 23. Perceived availability of resources for the LRC team

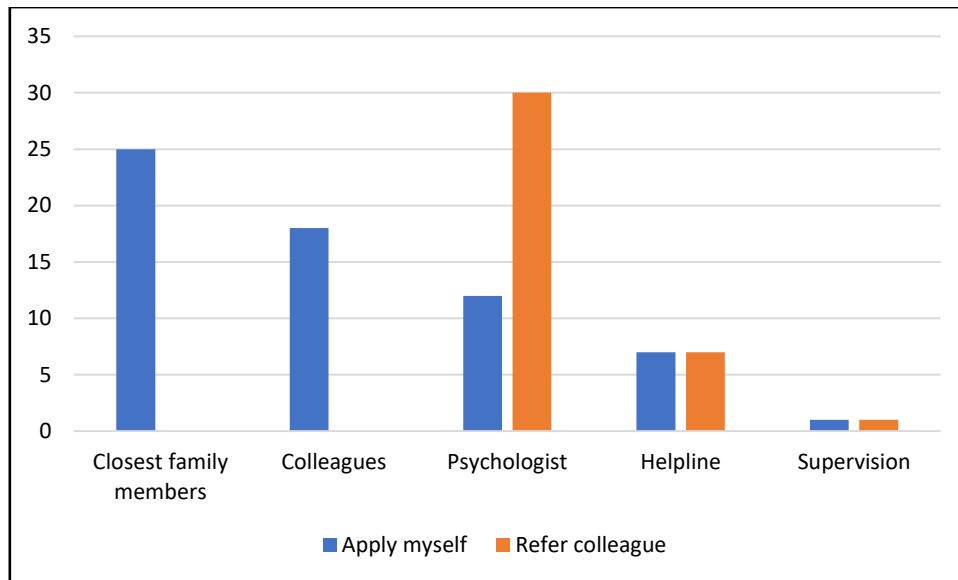


Table 24. Use of supervision by the LRC team.

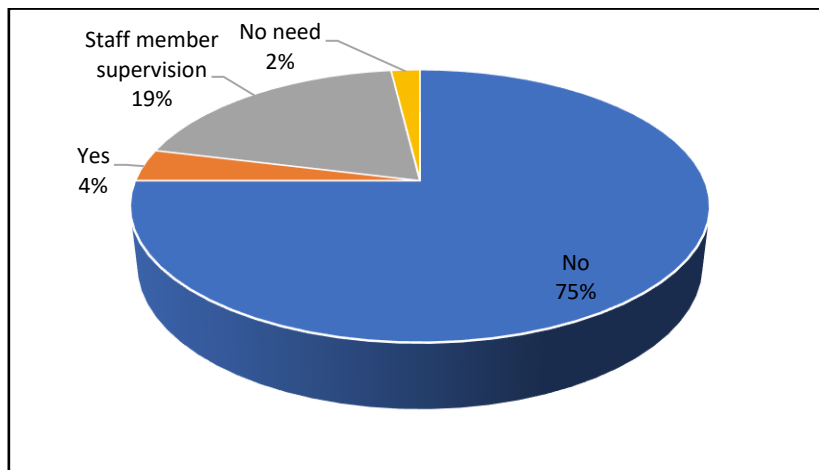
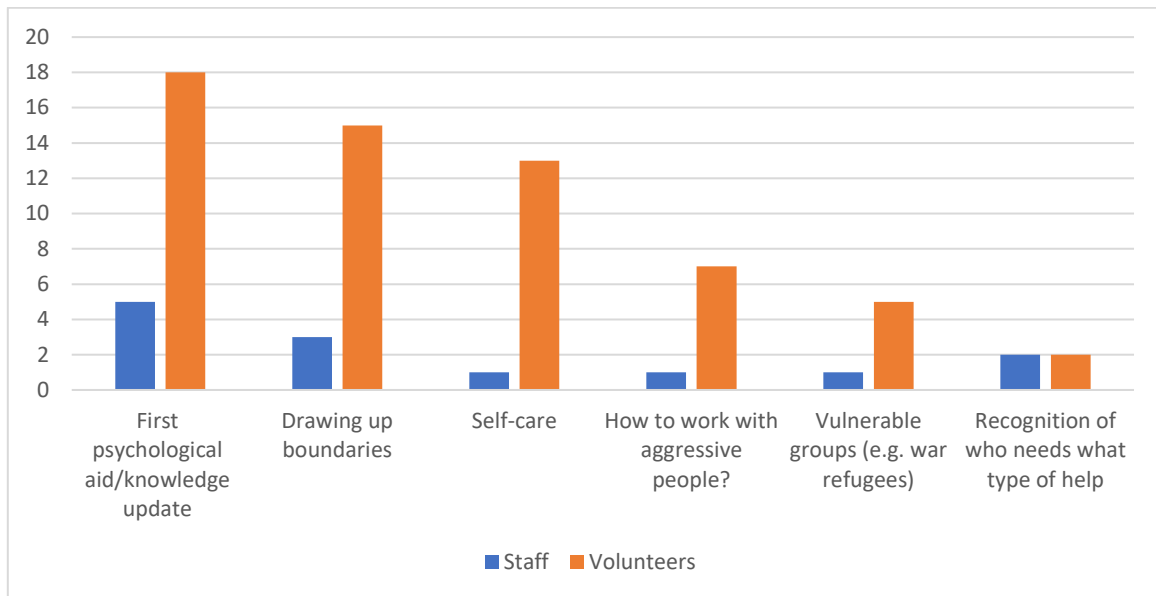




Table 25. Skills required by the LRC team



## RECOMMENDATIONS

### SUFFICIENT MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

1. Given the lack of knowledge of psychological first aid:
  - 1.1.To train and update the knowledge of the LRC team (staff and volunteers) of psychological first aid;
  - 1.2.Connect existing humanitarian and financial helplines and train responding LRC team members in psychological first aid;
  - 1.3.Integrate the results of psychological first aid provided into a common indicator tracking system;
  - 1.4.Establish a referral system for the necessary services at local level.
2. Taking into account the existing stigma of adult psychological services and the community as a resource for coping with stress:
  - 2.1.Offer community-based group psychosocial activities: self-awareness, self-help, awareness-raising sessions, art therapy, film therapy;
  - 2.2.Revise the wording of the session titles to attract more participants;
  - 2.3.Involve psychologists from Ukraine in the delivery of the sessions;
  - 2.4.Provide support and intervisions for psychologists from Ukraine.
3. Considering the barriers to accessing psychological services:
  - 3.1.Provide space for psychological counselling;
  - 3.2.Establish a referral system for the necessary services at local level;
  - 3.3.Include psychologists from Ukraine.
  - 3.4.Provide support and intervisions for psychologists providing psychological counselling.
4. In response to the growing need for a child psychologist:
  - 4.1.Create child-friendly spaces and provide spaces for child psychological counselling;
  - 4.2.Arrange for the necessary equipment for sessions and consultations;
  - 4.3.Ensure a network of child psychologists;
  - 4.4.Include psychologists from Ukraine.

### CARING FOR THE LRC TEAM

1. Given the lack of psychosocial skills:
  - 1.1.Strengthen the LRC team with training in: psychological first aid, working with traumatised people, working with aggressive people, recognising people in need of help, drawing boundaries.
2. Given the lack of support systems for the LRC team:
  - 2.1.Provide self-help, self-awareness, stress management, burnout recognition workshops for the team;
  - 2.2.Ensure the implementation of peer support systems: *peer to peer* groups, buddy system, feedback systems;
  - 2.3.Provide individual psychological counselling and supervision.
3. Ensure that visual information on stress management, self-care is available in the LRC sections.

## STRENGTHENING COOPERATION

1. Given that there is no network of stakeholders working in the field of psychosocial support in Lithuania:
  - 1.1. Establish a national psychosocial support network;
  - 1.2. Establish a referral system for the necessary services at local level.
2. Represent the LRC on mental health and psychosocial support issues in various cooperation formats.
3. Collaborate with universities to attract psychology students to provide psychosocial support to people in crisis.
4. Engage in academic research to better understand the impact and relevance of the aid provided.